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Bib Data Sheet

CONFIRMATION NO. 5079

SERIAL NUMBER 10/787,118	FILING DATE 02/27/2004  RULE	CLASS 430	GROUP ART UNIT 1756	ATTORNEY DOCKET NO. 0928.0039C
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## APPLICANTS

Shahid Butt, Ossining, NY;

Gerhard Kunkel, Radebeul, GERMANY;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of PCT/EP02/09179 08/16/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

EUROPEAN PATENT OFFICE (EPO) 01120508.5 08/28/2001

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/14/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature Initials	NY	6	8	1

## ADDRESS

27896  
 EDELL, SHAPIRO & FINNAN, LLC  
 1901 RESEARCH BOULEVARD  
 SUITE 400  
 ROCKVILLE, MD  
 20850

## TITLE

Phase-shift mask

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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